

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY
(Includes Reference to PCT International Applications)

Attorney's docket number:

PDT-20479-US

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PHARMACOLOGICALLY ACTIVE PEPTIDE CONJUGATES HAVING A REDUCED TENDENCY TOWARDS ENZYME HYDROLYSIS

the specification of which (check only one item below):

☐ is attached hereto

☐ was filed as United States application

Application No.

on _____

and was amended

on _____

☒ was filed as PCT international application

Number PCT/ DK99/000118

on 9 March 1999

and was amended under PCT Article 19

on _____

I/We hereby state that I/We have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

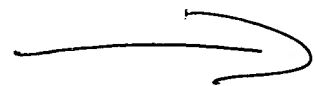
I/We acknowledge the duty to disclose information which is material to patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I/We hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY (If PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
Denmark	0317/98	9 March 1998	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

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COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY
 (Includes Reference to PCT International Applications)

Attorney's Office Number:

3	Full Name of Inventor	Family Name	First Given Name	Second Given Name
	Residence & Citizenship	City	State or Foreign Country	Country of Citizenship
	Post Office Address	Post Office Address	City	State & Zip Code/Country
4	Full Name of Inventor	Family Name	First Given Name	Second Given Name
	Residence & Citizenship	City	State or Foreign Country	Country of Citizenship
	Post Office Address	Post Office Address	City	State & Zip Code/Country
5	Full Name of Inventor	Family Name	First Given Name	Second Given Name
	Residence & Citizenship	City	State or Foreign Country	Country of Citizenship
	Post Office Address	Post Office Address	City	State & Zip Code/Country
6	Full Name of Inventor	Family Name	First Given Name	Second Given Name
	Residence & Citizenship	City	State or Foreign Country	Country of Citizenship
	Post Office Address	Post Office Address	City	State & Zip Code/Country
7	Full Name of Inventor	Family Name	First Given Name	Second Given Name
	Residence & Citizenship	City	State or Foreign Country	Country of Citizenship
	Post Office Address	Post Office Address	City	State & Zip Code/Country
8	Full Name of Inventor	Family Name	First Given Name	Second Given Name
	Residence & Citizenship	City	State or Foreign Country	Country of Citizenship
	Post Office Address	Post Office Address	City	State & Zip Code/Country
9	Full Name of Inventor	Family Name	First Given Name	Second Given Name
	Residence & Citizenship	City	State or Foreign Country	Country of Citizenship
	Post Office Address	Post Office Address	City	State & Zip Code/Country

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

09-07-99 15:40

09214E/90

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)		Attorney's Dossier Number:
Signature of Inventor 1 <i>Paul V. H. H. H.</i>	Signature of Inventor 2	Signature of Inventor 3
Date <i>9/7/99</i>	Date	Date
Signature of Inventor 1	Signature of Inventor 2	Signature of Inventor 3
Date	Date	Date
Signature of Inventor 1	Signature of Inventor 2	Signature of Inventor 3
Date	Date	Date
Signature of Inventor 1	Signature of Inventor 2	Signature of Inventor 3
Date	Date	Date
Signature of Inventor 1	Signature of Inventor 2	Signature of Inventor 3
Date	Date	Date

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H4
Tob
3/3/00

Attorney Docket No.: PPT-20479-US

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Larsen

Serial No.: To Be Decided Group Art Unit: To be Decided

Filed: Examiner: To Be Decided

For: PHARMACOLOGICALLY ACITVE PEPTIDE CONJUGATES HAVING A
REDUCED TENDENCY TOWARDS ENZYME HYDROLYSISVERIFIED STATEMENT CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) and 1.27(c))-Small Business ConcernAssistant Commissioner for Patents
Washington, DC 20231

Sir:

I hereby declare that I am

- ☐ the owner of the small business concern identified below:
- ☒ an official of the small business concern empowered to act on behalf of the
concern identified below:

Name of ConcernZealand Pharmaceuticals A/S.....

Address of ConcernAgern Allé 3.....

.....DK-2970 Hørsholm.Denmark.....

I hereby declare that the above-identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 2.9(d), for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For

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purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern and/or there is an obligation under contract or law by the inventor(s) to convey rights to the small business concern with regard to the invention

entitled.....PHARMACOLOGICALLY ACTIVE PEPTIDE CONJUGATES HAVING A
REDUCED TENDENCY TOWARDS ENZYME HYDROLYSIS.....

by inventor(s).....Bjarne Due Larsen.....

described in

☒ the specification filed herewith

☐ application serial no., filed

☐ patent no., issued

1566120"05TH60

If the rights held by the above-identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(d) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

FULL NAME

ADDRESS

.....

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT

ORGANIZATION

FULL NAME

ADDRESS

.....

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT

ORGANIZATION

FULL NAME

ADDRESS

.....

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT

ORGANIZATION

FULL NAME

ADDRESS

.....

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT

ORGANIZATION

6545161375

0001 JUL 12 2000

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

Send correspondence to:

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Direct Telephone calls to:

CHERYL H. AGRIS, PH.D.
(914) 738-7921

Attorney at La

Name of person signing... EVA STEINNESS

Title of person other than owner... MD, CEO

Address of person signing... Agern Allé 3
.....DK-2970 Hørsholm, Denmark.....

Signature.....

Date... 9/7/99

* NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities.
(37 CFR 1.27)

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